PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

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U.S. Patent and Trademarking U.S. Patent and Trademar

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875   |  |  |   |   |              |                                       | Α | Application or Docket Number<br>10/674,642 |                        |    | ing Date<br>30/2003   | To be Mailed           |  |
|---|--|--|---|---|--------------|---------------------------------------|---|--|------------------------|----|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I<br>(Column 1) (Column 2)                    |  |  |   |   |              |                                       |   | SMALL ENTITY                               |                        |    |                       | HER THAN<br>ALL ENTITY |  |
| FOR   |  |  | NUMBER FI   | LED                                       | NUMBER EXTRA |                                       | П | RATE (\$)                                  | FEE (\$)               | П  | RATE (\$)             | FEE (\$)               |  |
| BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                |  |  | N/A   |   | N/A          |                                       |   | N/A  |                        | ]  | N/A                   |                        |  |
| SEARCH FEE<br>(37 CFR 1.16(k), (i), or (m))                               |  |  | N/A   | /A  |              | N/A                                   |   | N/A  |                        | ]  | N/A                   |                        |  |
| EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                          |  |  | N/A   |   |              | N/A                                   |   | N/A  |                        |    | N/A                   |                        |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))  |  |  | mi  | minus 20 = *                              |              |                                       |   | x \$ =                                     |                        | OR | x \$ =                |                        |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                    |  |  | m   | minus 3 = *                               |              |                                       |   | x \$ =                                     |                        | 1  | x \$ =                |                        |  |
|   | APPLICATION SIZE<br>(37 CFR 1.16(s))   | FEE i                                  | If the specification and drawin<br>sheets of paper, the applicatio<br>is \$250 (\$125 for small entity)<br>additional 50 sheets or fraction<br>35 U.S.C. 41(a)(1)(G) and 37 |   |              | size fee due<br>r each<br>hereof. See |   |  |                        |    |                       |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                         |  |  |   |   |              |                                       | П |  |                        | ]  |                       |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2. |  |  |   |   |              |                                       |   | TOTAL                                      |                        | ]  | TOTAL                 |                        |  |
| APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)        |  |  |   |   |              |                                       |   |  | L ENTITY               | OR |                       | ER THAN<br>ALL ENTITY  |  |
| AMENDMENT   | 12/05/2007   | CLAIMS<br>REMAININ<br>AFTER<br>AMENDME |   | HIGHEST<br>NUMBER<br>PREVIOUS<br>PAID FOR |              | PRESENT<br>EXTRA                      |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |  |
|   | Total (37 CFR<br>1.16(i))  | • 23                                   | Minus   | ** 25                                     |              | = 0                                   | П | x \$ =                                     |                        | OR | X \$50=               | 0                      |  |
| ΙŻ  | Independent<br>(37 CFR 1,16(h))  | • 3                                    | Minus   | <b></b> 3                                 |              | = 0                                   | П | x \$ =                                     |                        | OR | X \$210=              | 0                      |  |
| ΜĒ  | Application Size Fee (37 CFR 1.16(s))  |  |   |   |              |                                       | П |  |                        |    |                       |                        |  |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |  |   |   |              |                                       |   |  |                        | OR |                       |                        |  |
|   |  |  |   |   |              |                                       |   | TOTAL<br>ADD'L<br>FEE                      |                        | OR | TOTAL<br>ADD'L<br>FEE | 0                      |  |
| (Column 1) (Column 2) (Column 3)  |  |  |   |   |              |                                       |   |  |                        |    |                       |                        |  |
| L   |  | CLAIMS<br>REMAININ<br>AFTER<br>AMENDME | VG  | HIGHEST<br>NUMBER<br>PREVIOUS<br>PAID FOR | R<br>SLY     | PRESENT<br>EXTRA                      |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |  |
| Z.  | Total (37 CFR<br>1,16(i))  |  | Minus   |   |              | =                                     | П | x \$ =                                     |                        | OR | x \$ =                |                        |  |
| AMENDMENT   | Independent<br>(37 CFR 1,16(h))  | *                                      | Minus   | ***                                       |              | =                                     | П | x \$ =                                     |                        | OR | x s =                 |                        |  |
|   | Application Size Fee (37 CFR 1.16(s))  |  |   |   |              |                                       | П |  |                        | 1  |                       |                        |  |
| ΑN  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |  |   |   |              |                                       |   |  |                        | OR |                       |                        |  |
|   |  |  |   |   |              |                                       |   | TOTAL<br>ADD'L<br>FEE                      |                        | OR | TOTAL<br>ADD'L<br>FEE |                        |  |
| ** 16   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. |  |   |   |              |                                       |   |  |                        |    |                       |                        |  |

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to take 12 minutes to complete, encuding pathenapy, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.